



LOUISIANA
DEPARTMENT of REVENUE

**OFFICE OF CHARITABLE
GAMING LICENSE APPLICATION**

Louisiana Department of Revenue
Office of Charitable Gaming
P.O. Box 98502
Baton Rouge, LA 70884-9502
Phone: 1-800-562-9235
www.ocg.louisiana.gov

APPLICATION FOR:

- ☐ Non-Video Manufacturer ☐ Non-Video Distributor
☐ Private Casino Contractor ☐ Commercial Lessor

State License Number - _____

License Year 20 _____

☐ **ORIGINAL APPLICATION**

☐ **RENEWAL**

☐ **MODIFY APPLICATION**

Please type or print information:

Official Name of Company		Company Federal Tax ID Number	
Company Doing Business As:		Telephone Number of Company	
Physical Address (Street, City, State, Zip Code)		Parish / County	
Official Mailing Address of Company (Street, City, State, Zip Code)		Fax Number of Company	
Contact Person	Title/Position Held	Contact Email Address	
Mailing Address of Contact Person (Street, City, State, Zip Code)	Office Phone of Contact Person	Home Phone of Contact Person	
Physical Address of Gaming Supplies (Distrib and Manuf Only) Attach list if more than one.		Physical address of gaming facility (Comm. Lessor only)	Parish
Distrib Only – Mark appropriate Sub-Categories: <input type="checkbox"/> Gaming <input type="checkbox"/> Electronic Dabbers <input type="checkbox"/> Private Contractor			

The following information will be considered part of the application and must accompany this application.
All information must be filled out completely. Any omission or illegible information will cause delay in approval.
Distributors must be domiciled and reside in the State of Louisiana.

- Copy of the company's Articles of Incorporation, By-Laws and Charter, if applicable. (New Applicants only)
- Copy of the official name registered with the Louisiana Secretary of State (www.sos.louisiana.gov), including trade name, if applicable. (New Applicants only)
- Copy of final fire marshal report and local government occupational permit, if applicable. (New Commercial Lessors only)
- Complete "Company's Officials Information Sheet". (page 2)
- Complete "Company Stockholders List". (page 3)
- Complete "List of Louisiana Employees". (page 4)
- Include "Statement of Assets and Liabilities" and "Personal History Record" (every 3 yrs. for Renewals) for all owners of more than 5% and the Company's Officials listed on Page 2.
- Signed copy of most recent Federal Business Income Tax Return for the company (every 3 yrs. for Renewals). If no company tax return has been filed, the most recent copy of Personal Income Tax Return of owners with more than 5% ownership must be submitted.
- Copy of current signed lease agreement(s) for all gaming related facilities, if applicable.
- NON-REFUNDABLE LICENSE APPLICATION FEE:** **\$2,500 – Manufacturer** **\$250 – Distributor**
(Make check payable to: Office of Charitable Gaming) **\$ 200 – Private Casino Contractor** **\$500 – Commercial Lessor**

The legally responsible person must sign application in the presence of a notary public.

I have read this application, and the contents thereof, and do hereby certify that the statements and information contained within this application are true and correct to the best of my knowledge. In addition, I have read, understand, and agree to comply with the statutes which govern charitable gaming in the State of Louisiana contained within LA R.S. 4:701 et seq. as well as the corresponding regulations contained within LAC 42:1.1701 et seq.

Print Name of Authorized Representative	Position	Signature of authorized representative	Date (must match notary date)
Sworn to and subscribed before me this _____ Day of _____, _____			
_____ NOTARY PUBLIC			
Do not write below this line. For office use only.			

Check Number: _____ Date Entered: _____ ☐ APPROVED Approved By _____

Receipt Number: C- _____ Initials: _____ ☐ DENIED Date: _____



LOUISIANA
DEPARTMENT of REVENUE

Company Stockholders List

Louisiana Department of Revenue
Office of Charitable Gaming
P.O. Box 98502
Baton Rouge, LA 70884-9502
Phone: 1-800-562-9235
www.ocg.louisiana.gov

License Number _____ Company Name _____ License Year 20 _____

☐ ORIGINAL APPLICATION
☐ RENEWAL
☐ MODIFY APPLICATION

1. List **ALL** stockholders for closely held corporations.
2. For publicly traded corporations, list **ALL** stockholders owning more than 2%.
3. If stock is owned by a company, list individuals and their ownership percentages.
4. Changes affecting ownership of more than 5% must be filed with the Office within ten days of the change as provided in LA R.S. 4:718 E.

ATTACH ADDITIONAL SHEETS AS NEEDED

Please type or print information:

Last Name, First Name, Middle Initial	Social Security Number (Required)	Date of Birth
Complete Home Address (Street, City, State, Zip Code)		% of Ownership
Has there been a substantive change in your Personal or Financial History since last disclosure? (due every three years) If yes, submit changes with this application or submit a new Personal and Financial History disclosure.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature (Required for stockholders with more than 5%)		Date

Last Name, First Name, Middle Initial	Social Security Number (Required)	Date of Birth
Complete Home Address (Street, City, State, Zip Code)		% of Ownership
Has there been a substantive change in your Personal or Financial History since last disclosure? (due every three years) If yes, submit changes with this application or submit a new Personal and Financial History disclosure.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature (Required for stockholders with more than 5%)		Date

Last Name, First Name, Middle Initial	Social Security Number (Required)	Date of Birth
Complete Home Address (Street, City, State, Zip Code)		% of Ownership
Has there been a substantive change in your Personal or Financial History since last disclosure? (due every three years) If yes, submit changes with this application or submit a new Personal and Financial History disclosure.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature (Required for stockholders with more than 5%)		Date

Last Name, First Name, Middle Initial	Social Security Number (Required)	Date of Birth
Complete Home Address (Street, City, State, Zip Code)		% of Ownership
Has there been a substantive change in your Personal or Financial History since last disclosure? (due every three years) If yes, submit changes with this application or submit a new Personal and Financial History disclosure.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature (Required for stockholders with more than 5%)		Date



LOUISIANA
DEPARTMENT of REVENUE

Company's Officials Information Sheet

Louisiana Department of Revenue
Office of Charitable Gaming
P.O. Box 98502
Baton Rouge, LA 70884-9502
Phone: 1-800-562-9235
www.ocg.louisiana.gov

License Number _____

Company Name _____

License Year 20 _____

☐ ORIGINAL APPLICATION

☐ RENEWAL

☐ MODIFY APPLICATION

OFFICIAL'S SIGNATURE: _____

1. This form must be signed by a current official listed with the Office of Charitable Gaming.
2. Any changes in officers, directors, or gaming management must be filed with the Office **within ten (10) days** of the change as provided in LA R.S. 4:718(E).
3. The second and subsequent revisions to your license must be accompanied by a \$25 check made payable to "Office of Charitable Gaming."

Please use the following codes for "Position Held": - **Gaming Related Only**

(P) President

(VP) Vice President

(S) Secretary

(T) Treasurer

(D) Director

(LA) Manuf. LA Agent

(DR) Dist Rep.

(HR) Hall Rep. or Manager

(INV) Investor

Please type or print all information. All fields are required. Blanks will cause delays.

ATTACH ADDITIONAL SHEETS AS NEEDED

Please check the purpose of this revision:			<input type="checkbox"/> Change in position	<input type="checkbox"/> New Official	<input type="checkbox"/> Inactivate	<input type="checkbox"/> Renew
Last Name, First Name, Middle Initial				Social Security Number (Required)		Date of Birth
Complete Home Address (Street, City, State, Zip Code)						Position Held
I declare that I have read, understand, and agree to comply with the statutes which govern charitable gaming in the State of Louisiana contained within LA R.S. 4:701 et seq. as well as the corresponding regulations contained within LAC 42:I.1701 et seq.						
<input type="checkbox"/> Yes	Have you ever been convicted, pled guilty, pled nolo contendere or failed to answer to charges of any criminal violation of any federal, state, county, parish, or local law or ordinance other than misdemeanor traffic violations? If yes, provide an attached explanation.					
<input type="checkbox"/> No						
<input type="checkbox"/> Yes	Has there been a substantive change in your Personal or Financial History since last disclosure? (due every three years) If yes, submit changes with this application or submit a new Personal and Financial History disclosure.					
<input type="checkbox"/> No						
Signature				Daytime Phone Number		Date

Please check the purpose of this revision:			<input type="checkbox"/> Change in position	<input type="checkbox"/> New Official	<input type="checkbox"/> Inactivate	<input type="checkbox"/> Renew
Last Name, First Name, Middle Initial				Social Security Number (Required)		Date of Birth
Complete Home Address (Street, City, State, Zip Code)						Position Held
I declare that I have read, understand, and agree to comply with the statutes which govern charitable gaming in the State of Louisiana contained within LA R.S. 4:701 et seq. as well as the corresponding regulations contained within LAC 42:I.1701 et seq.						
<input type="checkbox"/> Yes	Have you ever been convicted, pled guilty, pled nolo contendere or failed to answer to charges of any criminal violation of any federal, state, county, parish, or local law or ordinance other than misdemeanor traffic violations? If yes, provide an attached explanation.					
<input type="checkbox"/> No						
<input type="checkbox"/> Yes	Has there been a substantive change in your Personal or Financial History since last disclosure? (due every three years) If yes, submit changes with this application or submit a new Personal and Financial History disclosure.					
<input type="checkbox"/> No						
Signature				Daytime Phone Number		Date



LOUISIANA
DEPARTMENT of REVENUE

List of Louisiana Employees

Louisiana Department of Revenue
Office of Charitable Gaming
P.O. Box 98502
Baton Rouge, LA 70884-9502
Phone: 1-800-562-9235
www.ocg.louisiana.gov

License Number _____ Company Name _____ License Year 20_____
OFFICIAL SIGNATURE: _____ Contact Phone # _____
☐ ORIGINAL APPLICATION
☐ RENEWAL
☐ MODIFY APPLICATION

1. This form must be signed by a current official listed with the Office of Charitable Gaming.
2. Any changes in employees must be filed with the Office **within ten (10) days** of the change as provided in LA R.S. 4:718(E).
3. It is not necessary to repeat any company's official or company's stockholder listed on the "Company's Official Information Sheet" or the "Company's Stockholders List."

Please type or print information.

All fields are required. Blanks will cause delays.

ATTACH ADDITIONAL SHEETS AS NEEDED

Please check the purpose of this revision: <input type="checkbox"/> New Employee <input type="checkbox"/> Inactivate Employee <input type="checkbox"/> Renew		
Last Name, First Name, Middle Initial	Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)	Date of Hire	Date of Separation

Please check the purpose of this revision: <input type="checkbox"/> New Employee <input type="checkbox"/> Inactivate Employee <input type="checkbox"/> Renew		
Last Name, First Name, Middle Initial	Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)	Date of Hire	Date of Separation

Please check the purpose of this revision: <input type="checkbox"/> New Employee <input type="checkbox"/> Inactivate Employee <input type="checkbox"/> Renew		
Last Name, First Name, Middle Initial	Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)	Date of Hire	Date of Separation

Please check the purpose of this revision: <input type="checkbox"/> New Employee <input type="checkbox"/> Inactivate Employee <input type="checkbox"/> Renew		
Last Name, First Name, Middle Initial	Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)	Date of Hire	Date of Separation

Please check the purpose of this revision: <input type="checkbox"/> New Employee <input type="checkbox"/> Inactivate Employee <input type="checkbox"/> Renew		
Last Name, First Name, Middle Initial	Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)	Date of Hire	Date of Separation

Please check the purpose of this revision: <input type="checkbox"/> New Employee <input type="checkbox"/> Inactivate Employee <input type="checkbox"/> Renew		
Last Name, First Name, Middle Initial	Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)	Date of Hire	Date of Separation



LOUISIANA
DEPARTMENT of REVENUE

PERSONAL HISTORY RECORD

Louisiana Department of Revenue
Office of Charitable Gaming
P.O. Box 98502
Baton Rouge, LA 70884-9502
Phone: 1-800-562-9235
www.ocg.louisiana.gov

DATE: _____

Legibly print or type each answer. If a question does not apply to you, write "N/A" If you need additional space, you may use the provided blank sheet or attach your own sheet. In either case, please precede each answer with the appropriate title.

The applicant must initial each page in the lower right corner to attest to the accuracy and completeness of the information provided on that page.

Making any false statement in this application is a violation of the L.R.S. 4:735 and is punishable by law. The failure to reveal requested information is sufficient cause for the denial or revocation of a license.

Charitable Gaming License Number

Name and address of person or business for which license is requested

Your position with business

1. PERSONAL INFORMATION:

Last Name		First Name		Middle Name	
Alias (es. Nicknames, Maiden Name, Other name Changes, Legal or Otherwise)					
Present Business Address		Since (Date)	City-Post Office Box	State	Zip
Present Business Address		Since (Date)	City-Post Office Box	State	Zip
Occupation		Phone (Residence)		Phone (Business)	
Date of Birth		Place of Birth (City, Parish, State)			
Age	Social Security Number			Sex	
Color of Eyes	Color of Hair	Weight		Height	
Scars, tattoos, or distinguishing marks and/or characteristics:					
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Alien, Registration No.		
If Naturalized, Certificate No.			Date		
Place (If naturalized, document must be verified.)					

Applicant's Initials: _____

B. Brothers and Sisters::

List names, residence addresses, and dates of birth of brothers and sisters and of their respective spouses.

Name (Including Maiden Name)	Birth Date	Address	Social Security # (Required)
Spouse			
Spouse			
Spouse			
Spouse			

3. ARRESTS, DETENTIONS, AND LITIGATIONS:

A. Have you ever been arrested, charged, indicted, or summoned to answer for any criminal offense or violation for which you were later convicted? (Except MINOR traffic citations.) If yes, give details below.

☐ Yes ☐ No

B. Have you ever been arrested, charged, indicted, or summoned to answer for any criminal offense or violation related to gambling, theft, embezzlement, or fraud regardless of the disposition of the case? If so, give details in space provided below.

☐ Yes ☐ No

Date of Arrest	Age	Charge	Location-City and State	Disposition	Arresting Agency

C. Have you ever been subpoenaed to appear or testify before a federal, state, or county grand jury, board, or commission?

☐ Yes ☐ No

D. Have you ever received a pardon for any criminal offense? ☐ Yes ☐ No

If yes, when? _____ City, Parish, and State _____

If the answer to any of the above questions (A through D) is yes, furnish details:

Applicant's Initials: _____

5. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment in the past seven years or since age 18, whichever is less. Also, list all corporations, partnerships, or any other business ventures with which you have been associated as an officer, director, stockholder possessing 5% or more ownership interest, or related capacity.

Month and Year		Name/Mailing Address of Employer/Business	Reason for Leaving
From	To		
Title		Description of Duties	Name of Supervisor
			Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Month and Year		Name/Mailing Address of Employer/Business	Reason for Leaving
From	To		
Title		Description of Duties	Name of Supervisor
			Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Month and Year		Name/Mailing Address of Employer/Business	Reason for Leaving
From	To		
Title		Description of Duties	Name of Supervisor
			Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Month and Year		Name/Mailing Address of Employer/Business	Reason for Leaving
From	To		
Title		Description of Duties	Name of Supervisor
			Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Month and Year		Name/Mailing Address of Employer/Business	Reason for Leaving
From	To		
Title		Description of Duties	Name of Supervisor
			Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Month and Year		Name/Mailing Address of Employer/Business	Reason for Leaving
From	To		
Title		Description of Duties	Name of Supervisor
			Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Month and Year		Name/Mailing Address of Employer/Business	Reason for Leaving
From	To		
Title		Description of Duties	Name of Supervisor
			Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

If additional space is needed, continue on Page 7 or provide attachment.

Applicant's Initials: _____

6. CHARACTER REFERENCES:

List five character references who have known you five years or more. Do not include relatives, present employer, or employees.

Name	Street	City	State	Zip	Home Telephone	Years Known

7. Have you ever held a financial interest in a gambling venture, including a race track, dog track, lottery, casino, bookmaking operation, or a pari-mutual operation?

☐ Yes ☐ No

If yes, state when and where and give names and locations of the businesses in which you were involved and the names and addresses of all partners:

A. Have you appeared before any licensing agency or similar authority in or outside the State of Louisiana, for any reason whatsoever? If yes, submit details below and continue on Page 7.

☐ Yes ☐ No

8. Have you ever been refused a charitable gaming license or related finding of suitability or been a participant in any group which has been denied a charitable gaming license or related finding of suitability?

☐ Yes ☐ No

For selling alcoholic beverages?

☐ Yes ☐ No

If yes to either of the above, state where, when, and for what reason.

9. Have you ever been granted a charitable gaming license or been a participant in any group which has been issued a charitable gaming license by the State of Louisiana?

☐ Yes ☐ No

If yes, state type of license, name of establishment, location, and period held.

Applicant's Initials: _____

10. List all memberships within the last five years you have held in any social or charitable organization eligible for a Louisiana charitable gaming license

Date (From-To)	Organization Name and Address	Type of Organization
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

11. Do you have any relatives associated with or employed in the charitable gaming industry?

☐ Yes ☐ No

If yes, state name, relation, and association or employment.

ATTACH PHOTOGRAPH TAKEN WITHIN LAST 30 DAYS HERE

Date of Photo

Applicant's Initials:

ADDITIONAL INFORMATION

I, _____, have read the foregoing application and know the contents and statements contained within this application are true and correct and contain a full and true account of the requested information. I have executed this statement voluntarily with the knowledge that failure to reveal requested information is sufficient cause for denial or revocation of a license, and the making of any false statement is a violation of LA.R.S. 4:735 punishable by law.

Date

Signature of Applicant



LOUISIANA
DEPARTMENT of REVENUE

STATEMENT OF ASSETS AND LIABILITIES

Louisiana Department of Revenue
Office of Charitable Gaming
P.O. Box 98502
Baton Rouge, LA 70884-9502
Phone: 1-800-562-9235
www.ocg.louisiana.gov

AS OF _____, 20____

List all assets (tangible and intangible) and liabilities on the appropriate lines below. Enter the market value amount as of the date of this statement. Each listed asset and liability must be fully described on the appropriate schedule.

	Original Cost/Investment	Market Value
ASSETS:		
Current Assets		
Cash on Hand	_____	_____
Cash in Banks (Schedule A)	_____	_____
Accounts/Notes Receivable (Schedule B)	_____	_____
Prepaid Expenses.	_____	_____
Investments		
Stocks and Bonds (Schedule C)	_____	_____
Business Investment (Schedule D)	_____	_____
Fixed Assets		
Real Estate (Schedule E)	_____	_____
Other Assets (Schedule F)	_____	_____
TOTAL ASSETS	_____	_____
LIABILITIES:		
Current Liabilities		
Accounts Payable (credit cards, etc.)	_____	_____
Taxes payable	_____	_____
Miscellaneous Payable	_____	_____
Long Term Liabilities		
Notes Payable (Schedule G)	_____	_____
Mortgages Payable (Schedule H)	_____	_____
Other Liabilities (Schedule I)	_____	_____
TOTAL LIABILITIES	_____	_____
NET WORTH		
CONTINGENT LIABILITIES (Schedule J)	_____	_____
SOURCE OF INCOME:		
Salary (Source _____)	_____	
Interest	_____	
Dividends	_____	
Other (Describe in Detail)	_____	
TOTAL ANNUAL INCOME	_____	

Applicant's Signature _____

SCHEDULE “A” | Cash in Banks

List below all accounts, foreign and domestic, maintained by you, your spouse, or dependent children.

Name and Address of Bank	Name of Persons Appearing on Account	Account #	Date Opened	Interest Rate	Type of Account	Balance as of (Date)

SCHEDULE “A” | Accounts and Notes Receivable

List below all accounts and notes receivable held by you, your spouse, or dependent children. Indicate by means of an asterisk (*) in the first column, accounts and notes receivable held by your spouse and/or dependent children.

Name and Address of Debtor	Date Incurred	Original Amount	Unpaid Balance	Payment/ Period	Interest Rate	Maturity Date	Purpose	Collateral

SCHEDULE “C” | **Stocks and Bonds**

List below the information requested for all bonds held or controlled by you, your spouse, or dependent children. Whenever interest exists through a mutual fund or holding company, the stocks held by such mutual fund or holding company need not be listed; whenever such interests exist through beneficial interest in a trust, the stocks and bonds held in such trust shall be listed if you, your spouse, or dependent children have knowledge of what stocks and bonds are so held. INDICATE PUBLICLY TRADED STOCKS AND BONDS BY AN ASTERIK (*). Indicate by means of a double asterisk (**) next to the first column all stocks and bonds held by your spouse or dependent children.

Issuer	Type	No. of Shares or Units	Purchase Price	Date of Purchase	Name in Which Held	Market Value

SCHEDULE “D” | **Business Investments**

List below the information requested regarding any business investments in which any direct, indirect, vested, or contingent interest is held by you, your spouse, or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested, or contingent interest therein. This should include but not be limited to joint ventures, partnerships, sole proprietorships, and corporations

Entity Name	Type of Entity	No. of Shares or Units	Percent of Ownership	Purchase Price	Date of Purchase	Name in Which Held	Individuals or Entities Sharing Interest and Percentage Ownership	Market Value

SCHEDULE “E” | Real Estate

List below the information requested regarding any real property in which any direct, indirect, vested, or contingent interest is held by you, your spouse, or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested, or contingent interest therein.

Address/Location	Type	Size	Purchase Price/ Improvement at Cost	Date of Purchase	Other Owners	Ownership Percent	Income	Market Value

SCHEDULE “F” | Other Assets

List below the information requested for all other assets held by you, your spouse, or dependent children. Indicate by means of an asterisk (*) in the first column those assets held by your spouse or dependent children. (i.e. Automobiles, Personal Property, Cash Surrender Value of Life Insurance Policies, Pension Plans, etc.)

Type of Asset	Purchase Price	Date of Purchase	Market Value	Other Information

SCHEDULE “G” | Notes Payable

List below the information requested for all notes payable for which you, your spouse, or dependent children are obligated. Indicate by means of an asterisk (*) in the first column those notes for which your spouse or dependent children are obligated.

Name and Address of Creditor	Date Incurred	Original Amount	Payments/ Period	Interest Rate	Maturity Date	Purpose	Collateral

SCHEDULE “H” | Mortgages Payable

List below the information requested for all mortgages or liens payable on real estate for which you, your spouse, or dependent children are obligated. Indicate by means of an asterisk (*) in the first column those mortgages/liens for which your spouse, or dependent children are obligated.

Name and Address of Creditor	Date Incurred	Original Amount	Payments/ Period	Interest Rate	Position of Mortgage or Lien	Maturity Date	Description/Address or Real Estate

SCHEDULE “I” | Other Liabilities

List below the information requested by any other indebtedness for which you, your spouse, or dependent children are obligated. Indicate by means of an asterisk (*) in the first column any indebtedness for which your spouse, or dependent children are obligated.

Name and Address of Creditor	Date Incurred	Original Amount	Unpaid Balance	Payments/ Period	Interest Paid	Maturity Date	Purpose	Collateral	Description of Liability

SCHEDULE “J” | Contingent Liabilities

List below the information requested for all contingent liabilities for which you, your spouse, or dependent children are obligated. Indicate by means of an asterisk (*) in the first column those contingent liabilities for which only your spouse is obligated.

Name and Address of Creditor	Date Incurred	Original Amount	Unpaid Balance	Payments/ Period	Interest Paid	Maturity Date	Purpose	Collateral	Person Liable Besides You and/ or Your Spouse